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Alexithymia as a Predictor of Worse Prognosis in Postural Phobic Vertigo

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Abstract

Alexithymia is regarded as a predictor of many chronic physical and neurological diseases, but it has not yet been regarded in connection with different types of dizziness, especially postural phobic vertigo. Patients with alexithymia have difficulties in describing their feelings and sensations; especially, it touches upon the description of neurological symptoms.

The authors examined 84 patients with postural phobic vertigo (PPV): in 14 patients, this disease developed as a result of Ménière's disease (MD) (men—6, women—8, average age 42 ± 11 years); in 19 patients—as a result of benign paroxysmal positional vertigo (men—9, women—10, average age 49 ± 13 years); in 17 patients—after ischemic stroke in the posterior circulation (men—9, women—8, average age—59 ± 7 years); and in 34 patients with presbiataxia who did not tolerate stroke (men—21, women—13, average age—64 ± 12 years). Diagnosis of alexithymia was carried out with the help of the Toronto Alexithymia Scale (TAS) (Russian-language version). According to the results of TAS, 46 patients did not have alexithymia (A− group), 8 patients were in the border zone, and 30 patients corresponded the criteria of alexithymia (A+ group). Patients from the border zone were not evaluated. The patients were prescribed anti-anxiety treatment (beta-phenyl-gamma-aminobutyric acid hydrochloride 250 mg three times a day for 3 weeks). All patients from A− group noted a good effect of treatment, and only in two patients from A+ group, the positive effect was registered. The results of the research show that alexithymia is a predictor of a more severe course of postural phobic vertigo, which requires the development of special approaches to the treatment of this disorder in patients with such cognitive modality. Testing on alexithymia is advisable for all patients with PPV complaints.

Keywords Alexithymia · Postural phobic vertigo · Dizziness · Toronto Alexithymia Scale · Predictor · Neurological disease

1 Introduction

Dizziness is one of the most difficult and problematic complaints that patients can present at a neurologist or general practitioner. William Osler once was quoted as saying that no physician could hear the presenting complaint of dizziness "without experiencing a sinking feeling" (cited by [1]).

Many diagnostic problems are caused by the ambiguity of the term "dizziness." Patients often designate the most diverse sensations in such a way—from the illusion of instability, the mobility of surrounding objects to a feeling of faintness or nausea.

In our practice, the following sensations were called "dizziness" by patients: common asthenia in case of somatic diseases (with anemia, viral diseases), weakness in the legs (lower paraparesis), noise in the head, sensation of fullness in the head and ears, pressure in the ears, visual disturbances (blurred vision, diplopia), a "foggy" sensation in the head, a feeling of nausea, and shakiness.

In 1986, German neurologists T. Brandt and M. Dieterich described "postural phobic vertigo" (PPV) [2], the symptoms of which included postural vertigo (not rotational), fluctuating instability provoked by environmental or social factors that were not explained by any other neurological or otiatric diseases. Trigger factors were previous vestibular disorders, somatic diseases, and

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